

## § 58.10 VA Form 10-3567—State Home Inspection Staffing Profile.

OMB Approved No. 2900-0160  
Estimated Burden Avg. 20 min.

Department of Veterans Affairs		STATE HOME INSPECTION		
NAME OF HOME				DATE OF INSPECTION
<b>PART I</b>	<b>TOTAL FACILITY</b>	<b>HOSPITAL</b>	<b>NHC</b>	<b>DOM</b>
OPERATING BEDS				
AUTHORIZED APPROVALS				
PATIENT CENSUS				
POSITIONS AUTHORIZED				
STAFF AVAILABLE				
<b>PART II - STAFF</b>	<b>TOTAL FACILITY</b>	<b>HOSPITAL</b>	<b>NHC</b>	<b>DOM</b>
PHYSICIANS:				
PHYSICIANS ASSISTANTS				
DENTISTS				
SOCIAL WORK: MSW				
BSW				
SOCIAL WORK ASSISTANT				
PHARMACY: REG. PHARMACIST				
DIETETICS: REG. DIETITIAN				
FOOD SUPERVISOR				
DIETARY ASSISTANTS				
NURSING:				
NURSING ADM./SUP.				
DIRECT CARE: CERT.				
N.P./C.N.S.				
R.N.				
L.P.N./L.V.N.				
N.A.				
REHABILITATION THERAPY				
REG. P.T./P.T. AIDES				
REG. O.T./O.T. AIDES				
MENTAL HEALTH: PSYCHOLOGIST				
PSYCHIATRIST				
PSYCHIATRIC SOCIAL WORKER				
COUNSELOR				
SPEECH AND AUDIOLOGY				
OPHTHALMOLOGY/OPTOMETRY				
PODIATRY				
RADIOLOGY/LABORATORY				
RECREATION/ACTIVITIES				
DIRECTOR				
ASSISTANTS				
VOLUNTEERS				
CHAPLAIN				
ADMINISTRATION				
ENGINEERING				
MAINTENANCE/HOUSEKEEPING				
MEDICAL RECORDS				
OTHER (Specify)				

VA FORM  
MAY 1998 (RS)

10-3567

SEE REVERSE

NAME OF HOME	DATE OF INSPECTION
--------------	--------------------

**NURSING SERVICE STAFFING PATTERN**  
(Four Week Average)

PART III		HOSPITAL (Average hours Hosp. _____)																							
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY						
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA				
DAY																									
EVENING																									
NIGHT																									

PART IV		NURSING HOME (Average hours NHC _____)																							
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY						
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA				
DAY																									
EVENING																									
NIGHT																									

PART V		DOMICILIARY (Average hours Dom. _____)																							
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY						
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA				
DAY																									
EVENING																									
NIGHT																									

NAME OF HOME	DATE OF INSPECTION
<p><b>The Paperwork Reduction Act of 1995</b> requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>	